

UNITED STATES BANKRUPTCY COURT
DISTRICT OF

IN RE:

DEBTOR. MICHAEL B
SARACENO JR

CASE NUMBER: 13-18784

JUDGE

CHAPTER 11

DEBTOR'S MONTHLY OPERATING REPORT (INDIVIDUAL)

FROM 4-1-16 FOR THE PERIOD

TO 4-30-16

Comes now the above-named debtor and files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Dated: 6-27-16

MICHAEL M CRYSTAL
Attorney for Debtor

Debtor's Address

and Phone Number:

4507 SCHEIDV.3 RD
COPLAY, PA. 18037
Tel. 610-442-7829

Attorney's Address

and Phone Number:

2355 OLD POST RD #4
COPLAY, PA. 18037
Bar No.
Tel. 610-262-7873

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program website, <http://www.justice.gov/usit/20/index.htm>

- 1) Instructions for Preparation Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

**SCHEDULE OF HOUSEHOLD
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative Total
CASH - Beginning of Month	APRIL	
CASH RECEIPTS		
Salary or Cash from Business		
Wages from Other Sources (attach list to this report)		
Interest or Dividend Income		
Alimony or Child Support		
Social Security/Pension/Retirement	1580.00	
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report)	1500.00	
CHILDREN'S HELP		
TOTAL RECEIPTS	3080.00	
CASH DISBURSEMENTS		
Alimony or Child Support Payments		
Charitable Contributions	80.00	
Gifts		
Household Expenses/Food/Clothing		
Household Repairs & Maintenance		
Insurance	140.00	
IRA Contribution		
Lease/Rent Payments		
Medical/Dental Payments		
Mortgage Payment(s)	3585	
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)		
Vehicle Expenses		
Vehicle Secured Payment(s)		
U. S. Trustee Quarterly Fees		
Professional Fees (Legal, Accounting)		
Other (attach schedule)		
Total Household Disbursements	3805.00	
CASH - End of Month (Must equal reconciled bank statement-Attachment No. 2)		

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

MICHAEL B. JARACENO JR.

Case Number: 13-18784

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

	Month	Cumulative
	APRIL	Total
CASH- Beginning of Month (Household)		
CASH- Beginning of Month (Business)		
Total Household Receipts	3080.00	
Total Business Receipts	6250.00	
Total Receipts	9330.00	
Total Household Disbursements	3805.00	
Total Business Disbursements	5611.00	
Total Disbursements	9416.00	
NET CASH FLOW (Total Receipts minus Total Disbursements)	-86.00	
CASH- End of Month (Individual)		
CASH- End of Month (Business)		

CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

TOTAL DISBURSEMENTS (From Above)		
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)		
DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION		

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This 27 day of June 2016

Debtor's Signature

SCHEDULE OF BUSINESS
CASH RECEIPTS AND CASH DISBURSEMENTS

	Month	Cumulative Total
CASH - Beginning of Month	APRIL	
BUSINESS CASH RECEIPTS		
Cash Sales		
Account Receivable Collection		
Loans/Borrowing from Outside Sources (attach list to this report)		
Rental Income	6250.00	
Sale of Business Assets (attach list to this report)		
Other (specify) (attach list to this report)		
Total Business Receipts	6250.00	
BUSINESS CASH DISBURSEMENTS		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (e.g., transfer to Household Account)		
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule)		
Contract Labor (Subcontractors)		
Inventory Purchases		
Secured/Lease Payments (Business)		
Utilities (Business)		
Insurance		
Vehicle Expenses		
Travel & Entertainment		
Repairs and Maintenance	300.00	
Supplies		
Charitable Contributions/Gifts		
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule) MORTGAGES	5311.00	
INS. + TAXES		
Total Business Disbursements	5611.00	
CASH - End of Month (Must equal reconciled bank statement - Attachment No. 2)		

CONTINUATION SHEET		YES	NO
12.1	Has any cash or cash equivalents been pledged outside the normal course of business during this reporting period?		
12.2	Has any funds been diverted from any account other than a debtor in possession account?		
12.3	Has any post-petition receivables, accounts, notes, or judgments from any relatives, business, or related persons?		
12.4	Has any amounts been paid on pre-petition liabilities this reporting period?		
12.5	Have any post-petition funds been received by the debtor from any party?		
12.6	Are any post-petition payroll taxes past due?		
12.7	Are any post-petition state or federal income taxes past due?		
12.8	Are any post-petition state or local sales taxes past due?		
12.9	Are any post-petition real estate taxes past due?		
12.10	Are any amounts owed to post-petition creditors/vendors delinquent?		
12.11	Are any wage payments past due?		

If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		YES	NO
13.1	Are real and personal property, vehicle/auto, general liability, fire, theft, workers' compensation, and other necessary insurance coverages in effect?		
13.2	Are all premium payments current?		

If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE				
TYPE of POLICY	and	CARRIER	Period of Coverage	Payment Amount and Frequency
LIABILITY		STATE FEDERAL	10/1/16 - 10/1/17	
PROPERTY		STATE FEDERAL	10/1/16 - 10/1/17	

Check here if United States Trustee has been listed as a Certificate holder on all policies of insurance

INCLUDED IN MO967965

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement:

ANNUAL OPERATING REPORT -
1969-1970

ATTACHMENT NO. 2

BANK ACCOUNT RECONCILIATIONS

ATTACHED

Bank Account Information

Name of Bank: FIRST NIAGARA Account Number: 007806214453 DEBTOR ACCT	Account #1	Account #2	Account #3	Account #4
Purpose of Account (Business/Personal)				
Type of Account (e.g. checking)				
1. Balance per Bank Statement				
2. ADD: Deposits not credited (attach list to this report)				
3. SUBTRACT: Outstanding Checks (attach list)				
4. Other Reconciling Items (attach list to this report)				
5. Month End Balance (Must Agree with Books)				
TOTAL OF ALL ACCOUNTS				

11(b): Attach a copy of the bank statement and bank reconciliation for each account.

Investment Account Information

Note: Attach a copy of each investment account statement.



MICHAEL B SARACENO JR
DEBTOR IN POSSESSION
4507 SCHEIDYS RD
COPLAY PA 18037-2426

474 Statement Date: 04/18/16
Account Number: 7806214453
Deposit

***** Choice Checking 7806214453 *****

All Transactions by Date

Date	Description	Withdrawal	Deposit	Balance
03/18	Balance Forward			9,887.70
03/22	CAPITAL ONE CARD ONLINE PMT	300.00-		9,587.70
03/30	Deposit		1,000.00	10,587.70
03/30	Withdrawal	8,896.65-		1,691.05
04/04	Deposit		1,970.00	3,661.05
04/05	Deposit		1,442.00	5,103.05
04/05	Check Num 179	1,078.00-		4,025.05
04/07	AETNA LIFE INSUR INS PYMT	140.49-		3,884.56
04/08	Deposit		2,221.00	6,105.56
04/09	Deposit		700.00	6,805.56
04/11	CHASE CHECK PYMT	85.15-		6,720.41
	Check Number: 189			
04/11	Check Num 180	397.33-		6,323.08
04/12	Check Num 194	72.96-		6,250.12
04/13	TCS TREAS 449 XXSOC SEC		1,580.49	7,830.61
04/13	Deposit		600.00	8,430.61
04/13	Check Num 191	26.82-		8,403.79
04/13	Check Num 190	18.86-		8,384.93
04/14	Deposit		500.00	8,884.93
04/18	Deposit		725.00	9,609.93

Checks in Order

Date	Number	Amount	Date	Number	Amount	Date	Number	Amount
04/05	179	1,078.00	04/13	190*	18.86	04/12	194*	72.96
04/11	180	397.33	04/13	191	26.82			

(*) Check Numbers Missing

Account Summary

Beginning Balance	Deposits	Interest + Paid	- Withdrawals	Service Charge	= Ending Balance
9,887.70	10,738.49	.00	11,016.26	.00	9,609.93

Statement from 03/19/16 Thru 04/18/16

DATE
4-3-16

PAYEES	
DISCOVER CARD	\$ 18.86
BARKLEY BANK	\$ 26.82
(BANK OF AMERICA) SMALL BUS. ADM	\$ 166.95
SUSQUEHANNA BANK	\$ 416.89
WELLS FARGO	\$ 72.91

\$ 702.43

ANNUAL OPERATING REPORT -
INDIVIDUAL

ATTACHMENT NO. 3A

CASH DISBURSEMENTS DETAILS - HOUSEHOLD

Account Number	
Purpose of Account (Personal)	
Type of Account (e.g., Checking)	

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

11. *What is the best way to increase the number of people who use a particular service?*

ANNUAL CENSUS REPORT -
INDIVIDUAL

ATTACHMENT NO. 3

CASH DISBURSEMENTS DETAILS - BUSINESS

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

11. *What is the name of the author of the book you are reading?*

从“政治”到“政治学”——

「你有興趣嗎？我剛好有份工作，請你幫忙，

172 JOURNAL OF CLIMATE

19. *Leucosia* *leucosia* (Linné) *Leucosia* *leucosia* (Linné) *Leucosia* *leucosia* (Linné)

17. 3. 1989. 10:00 a.m.

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be delivered within the period from the time delivered to the project, provide details, including the project, quantity, specification, delivery date and payment schedule of each.

INDIVIDUAL OPERATING REPORT

ATTACHMENT NO. 4

ACCOUNTS RECEIVABLE RECONCILIATION		Scheduled Amount	Current Month
Accounts Receivable Beginning Balance			
Plus: Billings During the Month			
Less: Collections During the Month			
Adjustments or WriteOffs*			
Accounts Receivable Ending Balance**			

ACCOUNTS RECEIVABLE AGING		Scheduled Amount	Current Month
(Prior to Filing Petition)			
0 - 30 Days			
31 - 60 Days			
61 - 90 Days			
Over 90 Days			

Total Accounts Receivable**			
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* Attach explanation of any adjustment or writeoff.

** The "current month" of these two lines must equal.

POST-PETITION TAXES	Beginning Tax Liability*	Amount Withheld & or Accrued
Federal Taxes		
Withholding**		
FICA - Employee		
FICA - Employer		
Unemployment		
Income		
Other (Attach List)		
Total Federal Taxes		
State & Local Taxes		
Withholding		
Sales		
Unemployment		
Real Property		
Personal Property		
Other (Attach List)		
Total State & Local Taxes		
Total Post-Petition Taxes		

* The beginning tax liability should represent the liability from the prior month, or if this is the first report, the amount should be zero.

** Attach copies of IRS Form 6123 or your FTD coupon and payment receipt to verify payment or deposit.